

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME

SSAN OR EMPLOYEE NUMBER

DEPARTMENT

Jane Imperato

Office of the Governor

POSITION

CB/ID NUMBER

DIVISION OR BUREAU

INDEX NUMBER

Director of Special Projects

RESIDENCE ADDRESS

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

State Capitol

STATE

ZIP

CITY

STATE

ZIP

Sacramento

CA

95814

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
March 2009				BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
DATE	TIME										MILES			AMOUNT
11-Mar		SMF/LAX									0.00	0.00		
12-Mar		LAX/SMF					299.20			20	8.90	308.10		
											0.00	0.00		
											0.00	0.00		
											0.00	0.00		
											0.00	0.00		
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											0.00	0.00		
											0.00	0.00		
											0.00	0.00		
											0.00	0.00		
SUBTOTALS			0.00	0.00	0.00	0.00	299.20	0.00	0.00	20	8.90	0.00		
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$308.10		

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

To attend a planning meeting for the Governor and First Lady's Conference
at the Women's Conference office in L.A.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

IL MARE

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle safety and seat belt usage

CLAIMANT

DATE

SIGNATURE

DATE

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE